# The Wyoming Department of Health Mental Health and Substance Abuse Services Division Report to the Joint Appropriations Interim Committee and the Joint Labor, Health, and Social Services Interim Committees

Report on Statewide Suicide Prevention Program

# Compiled by:

Rodger McDaniel, Deputy Director

Mary Flanderka, Administrator, Community Services and Prevention

Marilyn Patton, Community Services Coordinator

R. Keith Hotle, J.D., M.P.A., Suicide Prevention Team Leader

Edited by Ginny Mahoney, M.A., Chief of Staff

Brent D. Sherard, M.D., M.P.H. Director and State Health Officer Wyoming Department of Health

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Website: <a href="http://wdh.state.wy.us/mhsa/prevention/suicideindex.html">http://wdh.state.wy.us/mhsa/prevention/suicideindex.html</a>

Email: substanceabuse@state.wy.us

Cheyenne, Wyoming 82002

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# **Table of Contents**

1.	General Comments
2.	Specific Requirements of the Statute
3.	Impact/Consequences/Outcomes
4.	Statistical Information
5.	Recommendations
6.	Summation and Conclusions
7.	Appendices:
	Appendix I
8.	Index of Sources Consulted

#### 1. General Comments

In July 2005, the Wyoming Suicide Prevention Initiative formally was established within the Wyoming Department of Health (WDH) pursuant to legislative mandate. In October 2006, WDH began administering the Wyoming Youth Suicide Prevention Initiative, pursuant to a three-year \$1.2 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Both programs are overseen by the Suicide Prevention Team Leader employed by the Mental Health and Substance Abuse Services Division (MHSASD). This report addresses progress made in both the state and federal suicide prevention initiatives.

# **1.1 Summary of Major Activities.** In the last twelve months of operation, the WDH Wyoming Suicide Prevention Initiative accomplished the following objectives:

- Administered \$1.2 million federal youth suicide prevention grant.
- Sponsored series of suicide first-aid and intervention trainings across state.
- Conducted informal youth suicide attitudes and knowledge survey.
- Published Wyoming Suicide Prevention Initiative Five-Year Strategic Plan.
- Distributed over 1,500 gun locks throughout state.
- Continued funding and support for 17 county suicide prevention coalitions.
- Maintained and updated suicide prevention website.
- Supported Wind River Native American Indian Suicide Prevention, Intervention, Referral, and Education (INSPIRE) Initiative.
- Expanded suicide prevention network of partners and stakeholders.
- Published and circulated quarterly suicide prevention newsletter.
- Maintained and increased suicide prevention library and resources.
- Increased public awareness through official proclamations, media articles and interviews, public service announcements, and press releases.
- Partnered with *Council for Exceptional Children* to conduct two-day youth suicide prevention conference in May 2007 in Casper.
- Provided technical assistance, specialized resources, and suicide prevention information to more than 500 persons and organizations.
- Sponsored school-based suicide prevention programs in local communities.
- Funded Youth Empowerment Council peer-peer suicide education program in Casper.
- Funded *Living Art* suicide awareness program in Rock Springs.
- Funded *Families and Students Together (FAST)* suicide prevention and early intervention program for at-risk students and families in Sheridan.
- Partnered with UPLIFT, SAGE Initiative, and Wyoming Department of Education to hold two-day youth prevention summit in Casper.
- Contracted with Barnhart, Inc., Media Consultants, to develop and implement a major youth suicide prevention outreach and media campaign.
- Distributed more than 2,000 suicide education brochures across the state.
- Contracted with Wyoming Survey & Analysis Center (WYSAC) to conduct statewide a scientifically valid suicide attitudes telephone survey.
- Sponsored NASW suicide assessment and clinical treatment conference in Lander.
- Organized task force of students to develop college suicide prevention website.
- Collaborated with WyoCARE Resource Center to serve as clearinghouse for suicide prevention materials.

- **1.2 Summary of Expenditures.** The authorizing legislation provides \$150,000.00 per year from State General Funds for the state's Suicide Prevention Program. In addition, WDH received \$400,000.00 for the federal fiscal year October 1, 2006, through September 30, 2007, to develop, implement, and evaluate the Wyoming Youth Suicide Prevention Initiative. Additional funds were used from the departmental budget for administrative costs, training and conference costs, and other expenses (Appendix I).
- **1.3 Recommendations.** WDH recommends the following legislative actions to support its ongoing suicide prevention initiative:
- (A) Authorization of an additional \$500,000.00 per annum in State General Funds for local suicide prevention coalitions and community-based pilot programs; and
- (B) Legislative study of statutory measures designed to provide universal suicide prevention education for students, to support suicide intervention skills training for school staff, and to improve suicide risk screening and referral systems within the state's public education system.

The remainder of this report describes in greater detail the activities, outcomes, and recommendations of the State of Wyoming Suicide Prevention Initiative.

# 2. Specific Requirements of the Statute

The suicide prevention program for the State of Wyoming was established by House of Representatives Enrolled Act 128, General Session Laws of Wyoming 2005, as codified at W.S. 9-2-102(a)(v). The statute requires WDH to establish a statewide suicide prevention program that includes the following components:

- (A) A statewide written plan adopted by WDH following at least one statewide public meeting of interested persons and entities;
- (B) Assistance to local communities in the development and maintenance of suicide prevention coalitions;
- (C) Consultation, technical assistance, and training to state and local agencies, organizations, and professional groups;
- (D) Maintenance of a library of suicide prevention materials and information which shall include copies of or links to Cochrane Collaboration systematic reviews or other similar sources relevant to this subject; and
- (E) Collection and dissemination of information regarding best practices for suicide prevention and intervention.

The enabling legislation further requires WDH to report annually to the Joint Appropriations Interim Committee and the Joint Labor, Health, and Social Services Interim Committee on the progress made in implementing the statewide suicide prevention program. This report is submitted in accordance with that requirement. As detailed in the remainder of this report, WDH has complied and continues to comply with each directive set forth in the statute.

# 3. Impact/Consequences/Outcomes

The State Suicide Prevention Program employs a broad array of measures designed to decrease suicide attempts and completions and to increase help-seeking behaviors for at-risk individuals. These include (1) supporting the use of evidence-based suicide prevention programs at the state and community levels; (2) providing training for mental health professionals, first responders, and lay persons in appropriate means of detecting at-risk behaviors and making timely interventions; and (3) conducting general education and outreach to increase public awareness of the problem of suicide and its associated risk factors and warning signs, as well as to decrease the stigma associated with suicide and mental illness. The State Suicide Prevention Team Leader has the primary responsibility for coordinating these efforts in a manner that complies with pertinent state legislation and federal grant requirements, and which furthers the goals and objectives set forth in the state suicide prevention plan. This third annual *Report on Statewide Suicide Prevention Program* reflects the outcomes achieved and barriers encountered in implementing the Wyoming Suicide Prevention Initiative during its second full year of operation and in administering the first year of the federally funded Wyoming Youth Suicide Prevention Initiative.

# 3.1 Maintenance of State Suicide Prevention Plan

The status of WDH's activities in maintaining the State of Wyoming Suicide Prevention Plan is as follows:

#### 3.1.1 State Suicide Prevention Task Force and State Suicide Prevention Plan

In 1999, WDH organized the Wyoming Suicide Prevention Task force to address the high rate of suicide in the state. Task force members represent a diverse continuum of interests that include mental health, education, law enforcement, public health, substance abuse treatment, and the older adult population. A roster of current task force members is attached as Appendix II. The first written state plan for suicide prevention was adopted by the task force shortly after its creation. Modeled after the National Strategy for Suicide Prevention and other state plans, the Wyoming State Suicide Prevention plan (State Plan) contains three overarching goals – awareness, intervention, and methodology. Within each of these goals are specific objectives and methods for achieving the goal. In 2006, the State Plan was amended to include improved data collection and stigma reduction as additional objectives. The most recent version of the State Plan is attached as Appendix III. The Suicide Prevention Team Leader is the chairperson for the task force and has actively solicited the support of its members in planning and implementing the state's suicide prevention efforts.

# 3.1.2 Public Meetings and Information Gathering

As outlined in the first and second annual suicide prevention program reports, WDH initially held statewide and regional public meetings on the State Suicide Prevention Plan, as required in the enabling legislation. These events were poorly attended by the general public, despite extensive newspaper and radio coverage in advance of both events.

Informal information gathering has proved considerably more productive over the course of the last two years. During that time, the Suicide Prevention Team Leader has met personally with hundreds of individuals and small groups to discuss the goals and objectives of the State Suicide

Prevention Plan and to solicit public comments for its improvement. The outcomes of this information-gathering process have been incorporated into the amendments to the State Plan, the design of the Wyoming Youth Suicide Prevention Initiative, the various elements of the Five-Year Strategic Plan for Suicide Prevention, and in other programmatic initiatives as described in this report.

# 3.1.3 Five-Year Strategic Plan for Suicide Prevention

In August 2006, the members of the State Task Force participated in a two-day strategic planning retreat of the State Task Force, the chief outcome of which was the development of a *Five-Year Strategic Plan for Suicide Prevention* (Strategic Plan). A copy of the Strategic Plan is attached as Appendix IV.

The collective vision of the Wyoming Suicide Prevention Task Force is to provide all Wyoming residents at risk for suicide and other self-destructive behaviors with timely access to mental health services without regard to age, race, or income. An integral component of this vision is the fundamental principle that those who are most at risk for suicide deserve hope, compassion, and understanding rather than society's stigmatization. Realization of this vision requires a paradigm shift in a culture that too often portrays mental illness and suicidality as weaknesses of character rather than diagnosable conditions that can and should be timely assessed and appropriately treated. The Strategic Plan identifies the following goals for the next five years:

<u>Public Awareness and Outreach</u>: Increase suicide prevention education and awareness efforts to include coordinated statewide public outreach campaigns and improve collaboration and joint prevention efforts among State Suicide Prevention Task Force, Wind River INSPIRE Program, Wyoming Youth Suicide Prevention Advisory Council, and local suicide prevention coalitions.

<u>State Task Force Expansion</u>: Expand both State Task Force representation and target audience of public outreach efforts to include local government officials, members of faith-based community, juvenile justice providers and probation/parole officers, DFS field staff, tribal relations staff, suicide-attempt survivors, surviving family members, and Native American social services providers.

<u>Gatekeeper Training</u>: Collaborate with county suicide prevention coalitions to provide QPR gatekeeper presentations, SafeTALK suicide alertness trainings, and Applied Suicide Intervention Skills Trainings (ASISTs) in local communities.

<u>Native American Prevention</u>: Support Native American suicide prevention efforts, including continued State Task Force representation on the Wind River Native INSPIRE Oversight Panel.

<u>School-Based Programs</u>: Increase the number of Wyoming high schools and middle schools offering suicide prevention education/training to staff and students.

<u>Local Suicide Prevention Coalitions</u>: Establish new county suicide prevention coalitions and have community suicide prevention coalitions in all 23 counties within five years.

<u>Primary Care Practice Toolkit</u>: Develop a primary-care provider (PCP) suicide prevention tool kit and provide those toolkits to county coalitions for distribution to local doctors and staff.

<u>Gunlocks as Means Restriction</u>: Distribute 1,000 gun locks per year across the state for the next five years.

<u>Screening Tools and Assessment Instruments</u>: Develop screening and assessment instruments for juvenile justice providers, probation/parole agents, primary care physicians, and school guidance counselors.

<u>Survivor Support Groups</u>: Facilitate the establishment of new local suicide survivor support groups per year for the next five years.

<u>Suicide Reporting and Data Collection</u>: Establish a pilot site within a participating county to provide enhanced data collection and reporting protocols in cases of suspected suicides.

<u>First Responder Training</u>: Identify and provide specialized suicide prevention education and intervention training to Critical Incident Stress Management Teams.

## 3.2 Development and Maintenance of Local Community Coalitions

The activities of WDH in maintaining existing local suicide prevention coalitions and developing new coalitions are as follows:

#### 3.2.1 Supporting Suicide Prevention County Coalitions

To date, WDH has funded suicide prevention in the following Wyoming counties: Albany, Big Horn, Campbell, Converse, Crook, Fremont, Hot Springs, Johnson, Laramie, Natrona, Niobrara, Park, Sheridan, Sweetwater, Teton, Uinta, Washakie, and Weston. A list of coalitions is attached as Appendix V. The Suicide Prevention Team Leader provides ongoing technical assistance and other support to existing and prospective local coalitions. Such technical support includes consultation on grant-related prevention activities, specialized suicide prevention and intervention trainings, topical resource manuals, dissemination of information on evidence-based practices, and assistance in developing community-based education and outreach programs.

In the past year, the Suicide Prevention Team Leader has participated in more than fifty local trainings, coalition meetings, and coalition-sponsored events. Highlights of suicide prevention efforts provided by the state's local coalitions in 2007 include:

<u>Big Horn County</u>: Purchased and distributed youth suicide prevention bracelets and t-shirts; trained local students in YEC model of peer-based suicide prevention education; partnered with local schools to provide SOS school-based suicide prevention education curriculum.

<u>Campbell County</u>: Became first pilot site in Wyoming for Columbia Teen Screen suicide screening program.

<u>Converse County</u>: Provided QPR gatekeeper training to more than 70 law enforcement and first responders; provided ASIST intervention skills training to some 30 mental health professionals, youth providers, and community members; distributed gun locks as part of ongoing multi-county means restriction effort; developed a panel of speakers of suicide survivors; worked with schools and primary care physicians to improve screening and referral protocols; and collected suicide attempt data from local hospitals, emergency rooms, and first responders.

<u>Fremont County</u>: Collaborated with Wind River INSPIRE Initiative to provide two ASIST intervention skills trainings, resulting in more than fifty local residents trained in suicide first aid and developed a program to provide families of suicide victims with assistance in home and vehicle clean up in the aftermath of suicide.

<u>Johnson County</u>: Partnered with Sheridan County Coalition to provide QPR "train the trainer" to coalition members, resulting in certified QPR gatekeeper presenters; sponsored SafeTALK training at senior center to provide suicide alertness training to providers serving older adults.

<u>Laramie County</u>: Conducted public education and outreach during youth suicide awareness week, including mayoral proclamation and press releases and partnered with local schools to provide Yellow Ribbon Program and SOS school-based suicide prevention education curriculum.

<u>Natrona County</u>: Sponsored third Annual *Morning Has Broken* youth suicide prevention and awareness walk with more than 400 participants; Youth Empowerment Council members traveled to Big Horn County to train local students in peer-based suicide prevention education; published ten-year suicide report from Natrona County Coroner's office; and conducted outreach to local primary care physicians and staff.

<u>Niobrara County</u>: Implemented a suicide prevention signage campaign that covers three highway sites in the Lusk area and collaborated with Converse County Coalition on QPR and ASIST trainings and other efforts.

<u>Sheridan County</u>: Partnered with Johnson County Coalition to provide QPR "train the trainer" to coalition members and supported suicide-prevention based "Families and Students Together" program to improve protective factors and life skills for at-risk youth and families.

<u>Sweetwater County</u>: Conducted annual memorial balloon release for persons lost to suicide; obtained mayoral ordinance and participated in local media efforts in support of suicide prevention; and sponsored "Living Art" anti-suicide program for local students.

<u>Teton County</u>: Provided community education and outreach; collaborated with local schools on improving suicide prevention; sponsored ASIST intervention skills training to some 30 mental health professionals, first responders, youth providers, and community members.

<u>Uinta County</u>: Provided series of SafeTALK suicide alertness trainings to community members; completed comprehensive suicide prevention community assessment tool; sponsored logo contest at Evanston High School; developed local brochures; conducted youth suicide prevention dance; and conducted local attitudes survey; provided QPR self study courses for coalition members.

<u>Weston County</u>: After a period of inactivity, the local coalition trained its chair in the ASIST intervention model and the coalition has scheduled an ASIST for local community members to be held in Newcastle in early December 2007.

An ongoing goal of the Wyoming Suicide Prevention Initiative during the next year is to continue to meet with stakeholders and community leaders in the five Wyoming counties without coordinated suicide prevention programs, in an effort to facilitate establishing local coalitions in

those counties. Technical assistance, training opportunities, and other support will be provided to existing coalitions.

# 3.2.2 Clinical Competencies Trainings

In May 2007, the State Suicide Prevention Initiative collaborated with the Wyoming Council for Exceptional Children to hold a two-day training for school counselors and school-based suicide prevention. In September 2007, WDH sponsored a clinical training for Wyoming social workers as part of the annual National Association of Social Workers (NASW) Conference in Lander. A series of trainings on suicide assessment and clinical treatment for suicidal persons was provided to more than seventy conference participants. The agendas from these two conferences are attached at Appendix VI. The State Suicide Prevention Initiative is partnering with the American Association of Suicidology to host a two-day clinical competencies training in March 2008 for mental health professionals from across Wyoming.

# 3.3 Consultation, Technical Assistance, and Training to State and Local Agencies, Organizations, and Professional Groups

The Suicide Prevention Team Leader provides ongoing technical assistance and training to individuals and groups. In the past year, the Team Leader personally met with and provided information to representatives of the Office of Attorney General, Department of Education, WDH Aging Division, WDH Preventive Health and Safety Division Vital Records, Wyoming Coroner's Association, Casper Meth Initiative, U.S. Department of Probation and Parole, U.S. Attorney's Office, WDH Public Health Nursing, mental health consumers, home health providers, school administrative staff and counselors, local mental health agencies, and social services providers. Current PowerPoint presentations used in community education and outreach efforts are attached as Appendix VII. During the past year, technical assistance and consultation has been provided by the Suicide Prevention Team Leader to more than five hundred individuals and agencies via written correspondence, telephone, and email.

#### 3.3.1 Suicide Prevention Website

To facilitate the provision of technical assistance and training to the broadest possible audience, WDH maintains a dedicated website for the State Suicide Prevention Initiative. The address for the main page website is <a href="http://wdh.state.wy.us/mhsa/prevention/suicideindex.html">http://wdh.state.wy.us/mhsa/prevention/suicideindex.html</a>. This website contains information concerning the State Suicide Prevention Plan, general information and statistics, community resources, youth suicide prevention, evidence-based research and promising practices, press releases and current events, suicide prevention for seniors, materials of use for educators and mental health professionals, and a list of links to other useful suicide prevention resources. One of the most valuable components of the website is a direct link to various resources maintained by WDH, which are downloadable directly from the website and available to members of the general public with access to a computer. The Wyoming Suicide Prevention Initiative will continue to update this website.

#### 3.3.2 Suicide Prevention Network and Quarterly Newsletter

WDH provides information and technical assistance through a listsery of members in a suicide prevention network, an electronic mailgroup comprising more than 300 persons across the state identified as being stakeholders, or other persons of interest in suicide prevention. Current

events, press releases, and other items of interest are transmitted simultaneously to all network members. Members of the Suicide Prevention Network also receive *Newsline*, WDH's quarterly publication on suicide prevention.

# 3.3.3 Workplace Strategy for Preventing Suicide – Pilot Program

Nationally, approximately 30% of suicides are associated with drug and alcohol abuse. Emerging evidence suggests that the methamphetamine problem in Wyoming already has begun to increase suicidal ideation and behaviors among current and former methamphetamine users. Substance abuse is a contributing factor in many of the suicide deaths within the adult male population that accounts for the majority of suicides in Wyoming. The predominantly middle-aged white male population is particularly difficult to reach because of their lack of routine and consistent contacts with existing public health systems.

One method of reducing suicidal behavior among persons in this high-risk group is through workplace initiatives. Employers of such at-risk individuals have a pivotal role to play in determining whether and to what extent these employees engage in help-seeking behavior before it is too late to prevent a suicidal incident. Employers who insist on mental health and substance abuse parity in their employee insurance assure that their workers can obtain treatment for depression and other mental illnesses and substance abuse disorders. Such employer-supported practices result in increased productivity, avoidance of sick days, and other work losses. Few Wyoming employers provide any sort of meaningful mental health or substance abuse treatment options for their at-risk employees; fewer still have formally established an Employee Assistance Program (EAP).

Because of its coordinated efforts in recent years to battle methamphetamine use among its citizens, the City of Casper has a well-established network in the local business community of some 200 local employers working together to eliminate illegal drug use among their employees. This existing network of local employers provides a unique opportunity for implementing a community wide strategy of workplace-based suicide prevention. Over the past year, members of the Natrona County Suicide Prevention Coalition have met local employers to provide education on the risk factors and warning signs of potentially suicidal employees and the resources available for such at-risk employees. WDH is exploring various means to duplicate this initiative in rapidly developing counties impacted by the energy boom, such as Sweetwater, Uinta, and Campbell counties. Because of rapidly changing socio-economic influences, severe housing shortages, and comparably large transient populations, these counties are likely to have special prevention needs for those employed in the oilfield, mining, and related industries.

## 3.4 Maintenance of Suicide Prevention Library

WDH has developed and currently maintains a library of suicide prevention materials that includes more than 1,000 printed, electronic, and multimedia items. Specifically, the library has approximately 75 treatises and academic journals, 25 videos and DVD-ROMs, and more than 900 articles and facts sheets accessible via hard copy or in digital formats. Those materials stored electronically include brochures, news articles, fact sheets, presentations, issue briefs, statistical analyses, reviews, and peer-reviewed journal articles. Many of the electronic materials are accessible on the suicide prevention website for review and downloading. Upon request, other materials kept by WDH are available for copying or loan to community coalitions, mental health providers, educators, law enforcement, social services professionals, and other interested

parties. WDH's suicide prevention library includes 40 electronically stored Cochrane Collaboration Reviews covering a range of topics of value to mental health professionals and community coalitions. These topics include deliberate self-harm, treatment of depression and other mental illnesses, intervention methodologies, and outreach. Cochrane Collaboration Reviews are available to download from the suicide prevention website and also are available in hard copy from WDH.

# 3.5 Collection and Dissemination of Information Regarding Best Practices for Suicide Prevention and Intervention

WDH has collected and maintains information on evidence-based programs and promising practices in the field of suicide prevention. Examples of such programs identified by WDH include the United States Air Force Suicide Prevention Program, Signs of Suicide (SOS) Suicide Prevention Program, Columbia TeenScreen Program, Yellow Ribbon, QPR, ASIST, SafeTALK, SuicideTALK, Lifelines, and Project SOAR. These programs have been evaluated as indicating positive outcomes in the prevention of suicidal behavior and/or by increasing participants' knowledge of suicidal risk factors, warning signs, and help-seeking behaviors. The Suicide Prevention Team Leader is a certified trainer in the ASIST, SafeTALK, SuicideTALK, and QPR models for suicide prevention education and intervention and has provided more than a dozen such trainings in local Wyoming communities during the past year.

# 3.6 Other Suicide Prevention Efforts by WDH

In addition to the specifically mandated action steps set forth in the statute, WDH actively has engaged in implementing the objectives set forth in the State Suicide Prevention Plan. Some of the activities at the state level over the preceding year that directly support the goals and objectives set forth in the state plan include the following:

#### 3.6.1 Public Awareness and Education

To promote public awareness concerning suicide prevention, Governor Freudenthal proclaimed September 9-15, 2007, as Suicide Prevention Week in Wyoming. A copy of this executive proclamation is attached as Appendix VIII. WDH has issued various press releases over the past year to heighten such prevention-related issues as the recent youth summit and the impending suicide prevention media campaign. To raise public awareness about the dynamics of suicide and its prevention, the Suicide Prevention Team Leader has made more than twenty public presentations to students, the general public, mental health consumers and advocates, school administrators and educators, and long-term care providers.

#### 3.6.2 Suicide Prevention Brochures

The primary means utilized by WDH in its public education efforts is the distribution of suicide prevention brochures, all versions of which have been translated into Spanish for the state's growing Latino population. Approximately 2,000 of these brochures have been distributed during the last year to local coalitions, mental health providers, and the general public, as well as handed out at conferences and presentations. Copies of these brochures are attached as Appendix IX.

# 3.6.3 Improved Suicide Surveillance and Reporting

As used in the context of this report, surveillance is defined as the systematic and ongoing collection of accurate data. Surveillance systems are a critical element of public-health planning, inasmuch as they help track trends in rates, identify new problems, provide evidence to support ongoing activities and initiatives, identify risk and protective factors, target high-risk populations for interventions, and assess the impact of current prevention efforts. Statewide information on suicidal behaviors is valuable in drawing attention to the magnitude of Wyoming's suicide problem and in highlighting differences in rates among age groups and geographic regions. State data on suicide also assists in establishing local program priorities and are necessary for evaluating the impact and effectiveness of suicide prevention strategies.

In Wyoming, reliable suicide surveillance data come from death certificates. Such information, however, provides only basic quantitative and very limited qualitative information on suicide deaths and the surrounding circumstances. Currently there is no reliable means for obtaining comprehensive data on non-fatal suicide attempts. Prevention efforts would be significantly enhanced by developing a more comprehensive system for information collection and reporting. One such means of improving the existing process is working collaboratively with local coroners, law enforcement, emergency personnel and first responders, and health care providers. WDH currently is working on developing a local pilot program that would provide initial intervention services and follow-up contact and support for suicide-attempt survivors. An important component of this initiative is the gathering of background data from program clients, to better identify the characteristics of those who attempt suicide.

## 3.6.4 Interventions for Specific Populations

WDH is proactive in providing suicide prevention and intervention to its high-risk populations. The most dynamic of these interventions over the past two years has been with the Native American population living in and around the Wind River Reservation. The Suicide Prevention Team Leader has facilitated suicide prevention for this population, attending more than twenty state and regional conferences, workshops, and gatherings concerning the prevention of suicide among Native Americans. WDH actively is working with those administering federal suicide prevention grants on the Wind River Reservation, including the *Native Aspirations* and *Planting the Seeds of Hope* initiatives.

As a result of these efforts, WDH has mobilized stakeholders, providers, consumers, and residents into forming the Wind River Indian Suicide Prevention, Intervention, Referral, and Education (INSPIRE) Initiative. This initiative and its associated oversight panel seek to coordinate all suicide and violence prevention efforts on the Wind River Reservation and to provide technical expertise to those implementing such efforts. Major goals of the Wind River INSPIRE Strategic Plan include the following:

<u>Resource Manual</u>. Support major revision of the Wind River Reservation Interagency Resource Manual to include general information on mental health resources and treatments, as well as specific information on suicide prevention, education, intervention, and referral systems. This was accomplished in 2007.

<u>Screening and Assessment Tools</u>. Identify program-appropriate screening instruments and assessment tools for those agencies and providers serving Native American youth on the Wind River Reservation and in the surrounding community. This is ongoing.

<u>Suicide Prevention Training</u>. Train members of the Oversight Panel in the QPR and/or ASIST models of suicide prevention and intervention and provide culturally competent Native American suicide prevention gatekeeper trainings to those living on the Wind River Reservation and in the surrounding community. Two ASIST intervention skills trainings were held on the Wind River Reservation in 2007.

<u>Peer-Based Support Groups</u>. Support peer-based youth suicide prevention programs, including providing suicide prevention component and concomitant support for Eaglestaff Runners and Unity Council. This collaboration has been initiated.

<u>Tribal Relations</u>. Establish relationships with the Northern Arapaho Tribal Business Council, the Eastern Shoshone Tribal Business Council, and the Joint Tribal Business Council. Resolutions in support of the Wind River INSPIRE Initiative were obtained from both tribes in 2007.

<u>School-Based Programs</u>. Establish school-based suicide prevention programs and provide staff training in suicide prevention at area middle schools and high schools serving the Native American youth living on the Wind River Reservation and in the surrounding communities. This effort is ongoing.

<u>GONA</u>. Hold Gathering of Native Americans (GONA) on the issue of suicide prevention in January 2007 and provide in advance community press releases and public information about the GONA to residents of the Wind River Reservation and the surrounding community. This goal was accomplished in 2007.

<u>Support Groups</u>. Facilitate the establishment of a Wind River Reservation support group and/or other resources to assist suicide survivors and suicide-attempts survivors and their families and friends. Tribal members participated in the 2007 American Foundation for Suicide Prevention suicide survivor's memorial event and are actively working on a local support group.

Copies of the Wind River INSPIRE Strategic Plan and a roster of its oversight panel are attached as Appendix X.

WDH seeks to ensure that its suicide prevention efforts are culturally competent and serve all its constituents. To that end, the Suicide Prevention Team Leader serves on the Multicultural Health Advisory Council. WDH also has translated its brochures into Spanish to better serve the state's Latino population.

# 3.7 Youth Suicide Prevention

A priority of the Wyoming Suicide Prevention Initiative is prevention of suicidal behaviors among adolescents and young adults. Youth suicide prevention presents unique opportunities for prevention and intervention, as well as distinct challenges.

# 3.7.1 Outreach Efforts to Wyoming Public Education System

As part of a continued effort to improve school-based suicide prevention and education, the State Suicide Prevention Team Leader continued to meet with public school educators and staff. Through the WYSP Initiative, WDH provided suicide prevention curricula, reference materials,

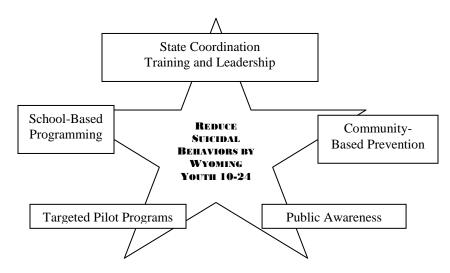
training, and technical assistance to local schools in several communities in Wyoming. The Suicide Prevention Team Leader also spoke at the State School Improvement Conference held in March 2007, promoting the need for increased suicide prevention education in the public school curriculum. Many of the county suicide prevention coalitions work directly with local schools to provide suicide prevention and screening to students and staff.

Due to continued outreach and education at both the state and coalition levels, school-based suicide prevention is gradually increasing in the Wyoming public education system. As discussed below, several school districts recently have adopted suicide prevention education and screening programs. A number of individual schools offer various forms of suicide prevention education – typically within a larger health education curriculum. In addition, WDH provided several significant training opportunities to school counselors and teachers during 2007, however, significant gaps remain across the state. Comprehensive, district-wide suicide prevention is virtually nonexistent within Wyoming's public education system. To address this problem, WDH recommends a legislative study to determine the most effective and efficient manner to improve the provision of school-based suicide prevention and intervention services in Wyoming.

# 3.7.2 Wyoming Youth Suicide Prevention Initiative

To further the state's youth suicide prevention efforts, WDH applied for and received a three-year, \$1.2 million grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to provide youth suicide prevention and intervention services across the state. The ultimate goal of this federal initiative is to improve the overall effectiveness of youth suicide prevention in Wyoming by identifying programs and practices that have a demonstrable track record of effectiveness. The mission of the WYSP Initiative is to reduce the high rates of suicidality among Wyoming youth aged 10-24. The WYSP Initiative employs a public-health approach to prevention, relying on evidence-based models, best practices, and program evaluation. The strategies proposed are consistent with the State Suicide Prevention Plan and build on existing state and community youth suicide prevention efforts and partnerships.

#### **WYSP INITIATIVE**



As the above diagram illustrates, the WYSP Initiative comprises five key objectives that directly support the *State of Wyoming Suicide Prevention Plan, National Strategy for Suicide Prevention*, and *Reducing Suicide:* A *National Imperative*. As part of the WYSP Initiative, WDH organized the Wyoming Youth Suicide Prevention Advisory Council (WYSPAC), a group of more than thirty public and private stakeholders from across the state with a special interest and/or expertise in areas related to youth suicide prevention. This group meets regularly to provide advice and consultation on matters of strategic importance to the WYSP Initiative. A copy of the WYSPAC membership roster is attached as Appendix XI.

WDH has contracted with the Western Interstate Commission for Higher Education (WICHE) to serve as outside evaluator for the WYSP Initiative. WDH also collaborates with ORC-Macro, SAMHSA's designated cross-site evaluation team, which coordinates evaluation methodologies and protocols among all GLSMA grantees. Program evaluation includes data collection; tracking, documentation, and analysis of program activities; and expert consultation in prioritizing and achieving project goals. During 2007, the WYSP Initiative funded a number of significant programs and events. Highlights of the initiative are set forth below:

<u>Statewide Events and Training</u>: WDH funded and collaborated with other agencies and organizations to provide the citizens of Wyoming with a number of important events and training opportunities during 2007. These included:

- CEC School-Based Suicide Prevention Conference: Held in Casper in May 2007, the conference provided more than sixty educators and counselors with information on implementing school-based suicide prevention and screening programming.
- Annual Wyoming School Counselors Conference: In August 2007, a series of lectures on suicide prevention and self-harm behaviors was offered to the state's school counselors at their annual conference in Jackson.
- NASW Conference: This annual state conference for the Wyoming chapter of the National Association of Social Workers was convened in Lander in September 2007. A series of lectures on various clinical assessment and treatment methods for suicidal youth was conducted by Dr. Read Sulik, the head of adolescent psychiatry at St. Cloud Hospital in Minneapolis and a nationally renowned expert in the field of adolescent suicide and mental illness.
- Wyoming Youth Summit: In October 2007, WDH partnered with Uplift, Inc., the SAGE Initiative and the Wyoming Department of Education to host a suicide prevention summit for the youth of Wyoming. More than 160 teens attended the two-day event held in Casper, which included focus groups, specialized training in suicide alertness and alcohol prevention, and myriad networking opportunities. A majority of those youth attending were Native American, representing not only the Eastern Shoshone and Northern Arapaho tribes from Wyoming but various tribes in Montana and South Dakota. Given the positive response from both the youth and adults in attendance, WDH plans to conduct youth summits annually for the remaining years of the federal youth suicide prevention grant.
- ASIST Intervention Skills Trainings: One of the primary training models employed by the Wyoming Youth Suicide Prevention Initiative is the evidence-based Applied Suicide

Intervention Skills Training (ASIST), an intensive two-day training in suicide first aid for mental health professionals, first responders, educators and laypersons. During 2007, ASIST trainings were held in Douglas, Wind River (two times) and Jackson, with additional trainings planned in Newcastle and the Big Horn basin. To date, more than 100 Wyoming residents have been trained to provide direct intervention for persons at risk for suicide.

- SafeTALK Suicide Alertness Trainings: The Suicide Prevention Team Leader provided more than ten trainings during 2007 in SafeTALK, an evidence-based training in suicide "alertness." This model is designed to teach laypersons to identify and refer potentially suicidal persons and complements the more intensive ASIST training. In 2007, more than 500 persons were trained in the SafeTALK suicide prevention program.
- *QPR Trainings & Gatekeeper Presentations*: The Question, Persuade, Refer is a model gatekeeper program that is designed to provide suicide prevention education and awareness to members of the general public. More than 100 persons received this training in Wyoming in 2007, including some fifty county coalition members who were trained as QPR trainers.
- WyoCare Resource Center: As part of its public education effort, WDH has committed federal youth suicide prevention funds to support the WyoCare Resource Center, an information clearinghouse affiliated with the University of Wyoming. WDH has provided WyoCare with copies of its suicide prevention brochures for public distribution. Additional materials will be provided to WyoCare as they are developed.

<u>School-Based Initiatives</u>: Federal grant funds were used during the year to provide schools in Laramie and Big Horn counties with materials necessary to implement the SOS and Yellow Ribbon school-based suicide prevention programs. The Campbell County coalition was instrumental in bringing the Columbia Teen Screen program to local students, an evidence-based suicide prevention program designed to screen and refer potentially suicidal students to appropriate mental health resources.

<u>Community-Based Programs</u>: An integral part of the WYSP Initiative is the provision of funding and technical support for community-based youth suicide prevention programs and events. In 2007, these included the following:

- Families and Students Together (FAST) Program: This evidence-based national program is designed to target at-risk youth in schools and their families and provide appropriate coping skills and other protective factors to reduce destructive behaviors and enhance school retention and performance. The Suicide Prevention Team Leader has provided SafeTALK training to participating program parents and technical support to the FAST program coordinator. Final outcomes and program evaluation results should be available in 2008.
- Living Art Project: In October 2007, the Sweetwater County Suicide Prevention Coalition put on the Living Art Project, an art competition among local teens to promote awareness on the issue of teen suicide and to enhance life promotion skills. Art produced from this event will be utilized by the WYSP Initiative in its public awareness and outreach efforts.

- Big Horn County School-Based Initiative: Led by a part-time program coordinator, this community-based program includes providing school-based education and raising local awareness concerning the growing problem of suicide in the Big Horn basin. During 2007, local students were trained by students from the Casper Youth Empowerment Council in that group's peer-to-peer suicide education program.
- Youth Empowerment Council (YEC): The YEC is a group of Casper teens devoted to a variety of community projects and social initiatives. A longstanding committee of the YEC is the Suicide Prevention Action Team (SPAT), a group of committed teens trained in suicide prevention education by local mental health professionals. The SPAT committee provides suicide education to all Casper area middle schools, utilizing a gatekeeper training modeled after the JASON suicide prevention model. In 2007, members of SPAT traveled to the Big Horn basis to train students in their suicide education model.

<u>Targeted Pilot Projects</u>: Through the WYSP Initiative, WDH funds pilot projects targeted at specific groups at increased risk for suicidal behaviors. These are:

- Native American Prevention Project: Administered by a part-time program coordinator from the With Eagles Wings program in Ethete, this project works closely with the Native INSPIRE Oversight Panel and the Fremont County Suicide Prevention Coalition to provide suicide prevention and intervention resources to Native American youth in and around the Wind River Reservation. The program coordinator has been trained in the ASIST intervention model and has been instrumental in gaining support from elders of both the Eastern Shoshone and Northern Arapaho tribes. Ongoing efforts include improving school-based suicide prevention for Native American youth, developing the "American Indian Life Skills" model suicide prevention program for reservation use, providing crisis intervention training, and providing support and resources for suicide survivors.
- CWC College Prevention Initiative: WDH recently organized a meeting with students from Central Wyoming College for the purpose of soliciting input on the development of a website that will provide information and resources for college students in Wyoming. A major component of this project will be creating a culturally competent resource for Native American college students. The IT consultant for the website will be SITCO, a For-Profit Native American and HUBZone certified Information Technology company, wholly-owned by the Eastern Shoshone Indian Tribe. This initiative is still in the development phase, with implementation anticipated for spring 2008.

<u>Public Awareness</u>: WDH has developed two major programs related to raising suicide awareness and reducing stigma among Wyoming residents. These programs are as follows:

• Statewide Media Campaign: After considerable strategic planning and discussion, the WYSPAC determined, by consensus, the media campaign to be funded by the federal youth grant would be targeted specifically to Wyoming youth aged 10-24, rather than the public at large. The purpose of the campaign will be to encourage youth to contact a responsible adult with information about suicidal friends and acquaintances. This decision was based in part on research suggesting that more than seventy percent (70%) of youth will keep knowledge of a suicidal friend secret, refraining from contacting a

parent or other adult. After soliciting proposals from media consultants, the WYSPAC search committee selected Barnhart, Inc., a Denver-based corporation with a satellite office in Cheyenne, to design and implement this media campaign. Barnhart has significant experience working with the target audience and has conducted similar media campaigns in Wyoming and regionally. Design production is expected to begin in late 2007, with implementation in 2008.

• Statewide Suicide Attitudes and Knowledge Survey: One of the objectives of the Wyoming Youth Suicide Prevention Initiative is to measure what, if any, effect its media campaign and other outreach efforts have on raising public awareness, increasing knowledge about suicide among Wyoming residents, and decreasing the stigma associated with suicide. To that end, WDH is contracting with the Wyoming Survey & Analysis Center to conduct a statewide survey on public knowledge, attitudes, and opinions about suicide. This survey will be conducted prior to implementation of the statewide media campaign and following its conclusion. The initial survey is being planned for late 2007 or early 2008, pending final approval of the parties' contract.

#### 4. Statistical Information

Suicide is a national public-health problem that affects men and women of all ages, abilities, and racial backgrounds. Overall the 11<sup>th</sup> leading cause of death in the United States, suicide claims the lives of more than 30,000 of its citizens each year. Assuming each suicide death intimately affects the lives of at least six surviving family members and friends, at least 4.5 million Americans are now survivors of suicide. One of every 65 persons living in this country has lost a close loved one to suicide. For every suicide death, there are an estimated 25 non-lethal suicide attempts – 787,000 non-lethal attempts nationwide in 2003 alone. Because of societal taboos and cultural prejudices surrounding mental illness, suicide has been called the nation's "silent epidemic."

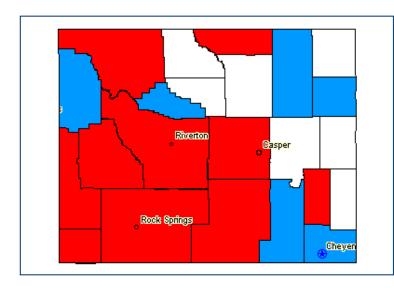
Despite advances in the science of suicidology and ongoing education and awareness efforts, suicide remains a difficult subject for many members of the general public. Surviving family members and friends, as well as suicide attempt survivors, often face stigma that still surrounds mental illness and suicidality. Because of the guilt and shame associated with suicidal behaviors, self-inflicted deaths and injuries are vastly underreported in this country, particularly in rural America.

In two out of the last three years, Wyoming ranked first nationally in the per capita rate of deaths by suicide. In 2002, Wyoming was first among all states with a rate of 21.1, moving up from fourth place in 2001 and fifth place in 2000. These recent statistics are not a new trend for the state. Again in 2003, Wyoming led the country with a suicide rate of 21.8 deaths per 100,000 persons – 11% higher than the second-ranking state that year and more than double the national average of 10.8. In 2004, the state dropped to fifth in the nation, with an overall rate of 17.4 suicide deaths per 100,000 persons. While actual numbers of persons completing suicide have continued to decline in 2005-2006, deaths by suicide remain unacceptably high from a public health standpoint. From 1990 to 1999, Wyoming had an overall ranking for the decade of second in the nation in suicide deaths per capita. Since 1990, the state has never ranked lower than sixth nationally for suicide deaths. For the period 1999-2004, Wyoming males completed 82% of all suicides, with an average suicide rate of 31.8 per 100,000 population. Suicide was the

sixth leading cause of death for men for the years studied. With an average annual suicide rate of 6.9 per 100,000 persons, women accounted for 18% of suicides in Wyoming in 1999-2004.

In Wyoming, 61% of suicide attempts requiring hospitalization are by women, with an average rate of 111.4 per 100,000. Use of a gun is by far the most common method of suicide in Wyoming, accounting for 69% of all suicides in 1999-2002. The preference for firearms is consistent with prevailing cultural norms and Wyoming's nation-leading rate of household gun ownership (62.8%). While guns are purchased for hunting or self-protection, 83% of all firearms deaths in the home are suicides – often by someone other than the gun owner.

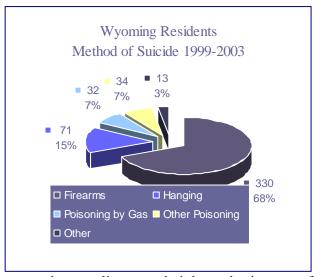
The costs associated with suicidal behavior are substantial. Each Wyoming suicide death results in medical expenses of \$4,020 and work losses of \$1,220,760. When multiplied by 92 average annual suicides, total losses to the State equal \$112,679,760 per year. Each hospitalized suicide attempt results in medical expenses of \$8,256 and work losses of \$3,952. When multiplied by the annual number of hospitalized attempts, state costs for hospitalized suicide attempts equal \$5,139,568. Wyoming's annual financial losses from completed and attempted suicide are \$117,819,328 – about \$231 for each state resident.



All areas of Wyoming are directly impacted by the effects of suicide. Counties with consistently high suicide rates (more than 20.0 persons per 100,000 population) in the past five years include: Horn, Carbon, Converse, Crook, Fremont, Hot Springs, Natrona, Park, Platte, Sheridan, Sweetwater, Uinta, and Washakie. adjacent chart, counties in red reflect a suicide rate at or above the 90<sup>th</sup> percentile nationally; those in blue are at or above the 75<sup>th</sup> percentile nationally.

#### 4.1 Suicide and Youth

Youth suicide is an especially pernicious problem in the United States, where an average of one young person is lost to suicide every two hours. In 2003, more than 4,000 American youth under the age of 25 took their own lives. This resulted in a national youth suicide rate of 9.7 per 100,000 population, lower than the combined rate for all ages (10.8) and the elderly rate (16.0). Nationally, youth suicide is the third leading cause of death for youth aged 15-24, with only unintentional injury and homicide taking more young lives. Although youth suicide rates tend



to be lower than those of other age groups, lower youth mortality rates heighten the impact of

suicide on the young. Youth suicide rates vary substantially by gender and race. The overwhelming majority of youth suicides are completed by males (84.8%) and by whites (83.2%). In 2003, white males accounted for more than 70% of all suicide deaths among youth aged 15-24.

In 2003, Wyoming youth aged 15-24 had a suicide rate of 22.7 per 100,000 population, second only to Alaska. In 2004, this rate dropped to 10.6 per 100,000, ranking Wyoming 11<sup>th</sup> nationally. Suicide is the second leading cause of death for Wyoming youth aged 15-24, second only to deaths resulting from unintentional injury. Suicide is responsible for about one-quarter of all deaths among youth aged 15-24 – more than homicide, malignant neoplasms, and all other diseases *combined*. Official records reflect that 106 youth aged 10-24 completed suicide in Wyoming between 1999 and 2004.

The highest rates of completed youth suicide in Wyoming were among Native American males. Anecdotal reports from county suicide prevention coalitions and local stakeholders suggest the actual number of suicides by Wyoming youth may be higher than the official count. Recent research confirms that adolescent suicides may be underreported by as much as 300% in rural areas such as Wyoming. The average medical cost of completed and attempted suicides by Wyoming youths ages 15-19 is more than \$6,000 per incident.

#### 4.2 Older Adults and Suicide

Older adults (age 65+) statistically have the highest suicide rate of any age group in the United States and Wyoming. About 17 older Americans take their own lives each day (more than 6,200 suicides per year). Older men account for about 85% of suicides among all persons aged 65 years and older; indeed, the elderly male suicide rate is 7.6 times the elderly female suicide rate. Nationally, suicide among white males aged 85 and older is nearly six times the overall suicide rate. In 2003, the suicide rate among Wyoming's older adults was 31.7 per 100,000 population – the second highest rate in the nation. In 2004, this rate rose to 36.1 per 100,000 persons, the highest in the country for that group.

Suicide is the 15th leading cause of death for older adults in Wyoming, accounting for about 20% of all suicide deaths – a startling fact considering the many illnesses and chronic conditions that afflict older adults. Between 1999-2004, more than 100 Wyomingites aged 65 and older were lost to suicide; 90% of these self-inflicted deaths were by men. The most common means of suicide among the elderly is use of a firearm (95% of 2003 suicides). Overall suicide rate for older Wyoming men was 65 per 100,000 – more than triple the suicide rate for all Wyomingites and six times the average national rate among all ages. The suicide rate for Wyoming men 85 years and older was 123 deaths per 100,000, higher than any other state in the nation.

# 4.3 Suicide in the Native American Community

The Wind River Reservation is the only Indian Reservation in the State of Wyoming. Located in west central Wyoming, the reservation is named after the scenic Wind River Canyon and is the third largest reservation in the nation, encompassing 3,500 square miles and 2.3 million acres. The Wind River Reservation is home to some 2,500 Eastern Shoshone and more than 5,000 Northern Arapaho Indians. Like many reservations in the United States, the Wind River Reservation experiences higher than average rates of violent crime, poverty, alcoholism and drug abuse, unemployment, high-school dropouts, teen pregnancy, domestic violence, and divorce.

The reservation also is characterized by historically high rates of suicide, particularly among young Native American males. The most notable incidence of suicide on the Reservation occurred in fall 1985, when ten young Native American men between the ages of 14 and 25 completed suicide by hanging in the span of some two months.

Of all ethnic groups, Native Americans have the highest suicide rates among youth aged 10-24, with Native American males in this age group 1.5 to 3 times more likely to die by suicide than their same-age male counterparts in other groups. As illustrated in the following chart, the highest rates of completed youth suicide for the five-year period 1999-2003 in Wyoming were among Native American males.

5-YEAR SUICIDE RATES OF WHITE AND NATIVE AMERICAN YOUTH IN WYOMING (1999-2003)				
Age Group	Sex	Race	Crude Rate	
10-14	Males	White	4.41	
(6 deaths)		Native American	29.44	
	Females	White	1.17	
		Native American	0.00	
15-19	Males	White	30.44	
(40 deaths)		Native American	89.71	
	Females	White	4.20	
		Native American	33.78	
20-24	Males	White	43.08	
(48 deaths)		Native American	77.37	
	Females	White	9.91	
		Native American	0.00	
TOTAL (94 Deaths)			16.42	

#### 5. Recommendations

Based on the information set forth in this report, WDH respectfully submits the following recommendations to the Joint Appropriations Committee, the Joint Labor, Health, and Social Services Committee, and the Wyoming Legislature:

#### 5.1 Increase Funding for Local Suicide Prevention Coalitions

WDH is committed to the notion that effective prevention has to occur at the local level. As noted previously, the number of local suicide prevention coalitions has grown from just a handful of scattered groups to eighteen coalitions that have been formally established or which are actively mobilizing in their respective communities. WDH hopes that all 23 counties will have local suicide prevention coalitions within the next five years. One of the barriers to effective organization and implementation of local programming has been the lack of dedicated suicide prevention funding. Current levels of authorized funding limit WDH to providing each county with a maximum of \$10,000 per year in suicide prevention funding. As more and more communities add coalitions, that figure may need to be diminished. This limited funding severely constrains potential suicide prevention programming and other activities at the local level. Moreover, this monetary cap effectively prevents WDH from allowing even the most active local coalitions from using state funds to retain the services of a part-time suicide prevention coordinator.

To remedy this problem, WDH recommends the State Legislature increase the amount of legislatively authorized funding for the State Suicide Prevention Program from its current amount of \$150,000 per year to \$650,000 per year, to add an additional \$500,000 per annum for local suicide prevention coalitions and local suicide prevention pilot projects. This would provide twice the rate of current annual funding to local coalitions for all 23 counties.

# 5.2 Study the Issue of Suicide Prevention Education in Public Schools

As discussed earlier in this report, one of the most significant barriers encountered since the inception of the State Suicide Prevention Initiative has been the reluctance of many school administrators and educators to consider providing suicide prevention education within the secondary curriculum and/or to train teachers and other staff on the warning signs and risk factors of youth suicidality. Empirical evidence suggests that young lives can be saved through comprehensive suicide prevention programming that provides youth with suicide prevention education, intervention, referral, and treatment. Despite this state's alarmingly high rate of youth suicide and the availability of a range of readily adaptable suicide prevention programs, such school-based programs are intermittent at best. Accordingly, WDH urges the State Legislature to formally study the issue of the most effective means to improve the provision of suicide prevention education in the state's public school system. Similar legislation has been proposed in several other states. Such programming can be easily incorporated into existing health standards with a minimum of additional burden on the state's public education system.

# **5.3** Synopsis of Recommendations

In summary, WDH recommends that the Wyoming Legislature enact such legislation as may be necessary to accomplish the following objectives:

- (1) Providing \$500,000.00 per annum in additional State General Funds for local suicide prevention coalitions and pilot programs; and
- (2) Study the issue of improving suicide prevention within the State of Wyoming public education system.

These recommendations are intended to be in addition to continuing compliance by WDH with the statewide suicide prevention initiatives set forth in the statute and as described in the State Suicide Prevention Plan.

#### 6. Summation and Conclusions

This report reflects the significant strides made during the first two years of the Wyoming Suicide Prevention Program Initiative and the first year of the Wyoming Youth Suicide Prevention Initiative, however, much work remains to be done. Too many Wyoming families have experienced the suicide of a loved one and confronted the overwhelming grief, confusion, guilt, and anger that each such suicide leaves in its wake. While suicide involves a multitude of individual, cultural, and environmental factors, it is largely preventable with timely recognition of the warning signs and appropriate intervention and treatment of the person at risk. WDH remains committed to significantly reducing the public health hazard posed by the state's igh suicide rates – particularly among our youth, who are the future of Wyoming.

In conclusion, WDH urges the Legislature to continue to support a public health approach to suicide prevention and to provide the funding necessary to reduce the state's high suicide rate. WDH further recommends the Legislature take affirmative steps to take such actions as may be necessary and appropriate to ensure that suicide awareness and prevention programs are given priority status in Wyoming's public-school system. WDH looks forward to answering any questions or concerns from the Legislature regarding its suicide prevention efforts.

# 7. Appendices

Appendix I	Budget Breakdown
Appendix II	Suicide Prevention Task Force Roster
Appendix III	State of Wyoming Suicide Prevention Plan
Appendix IV	Five-Year Strategic Plan for Suicide Prevention
Appendix V	Local Suicide Prevention Coalitions
Appendix VI	
Appendix VII	PowerPoint Presentations
Appendix VIII	
Appendix IX	Suicide Prevention Brochures
Appendix X	Wind River INSPIRE Initiative Plan and Membership Roster
Appendix XI	WYSPAC Roster

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